

Name
in
Full

CERTIFICATE OF DEATH

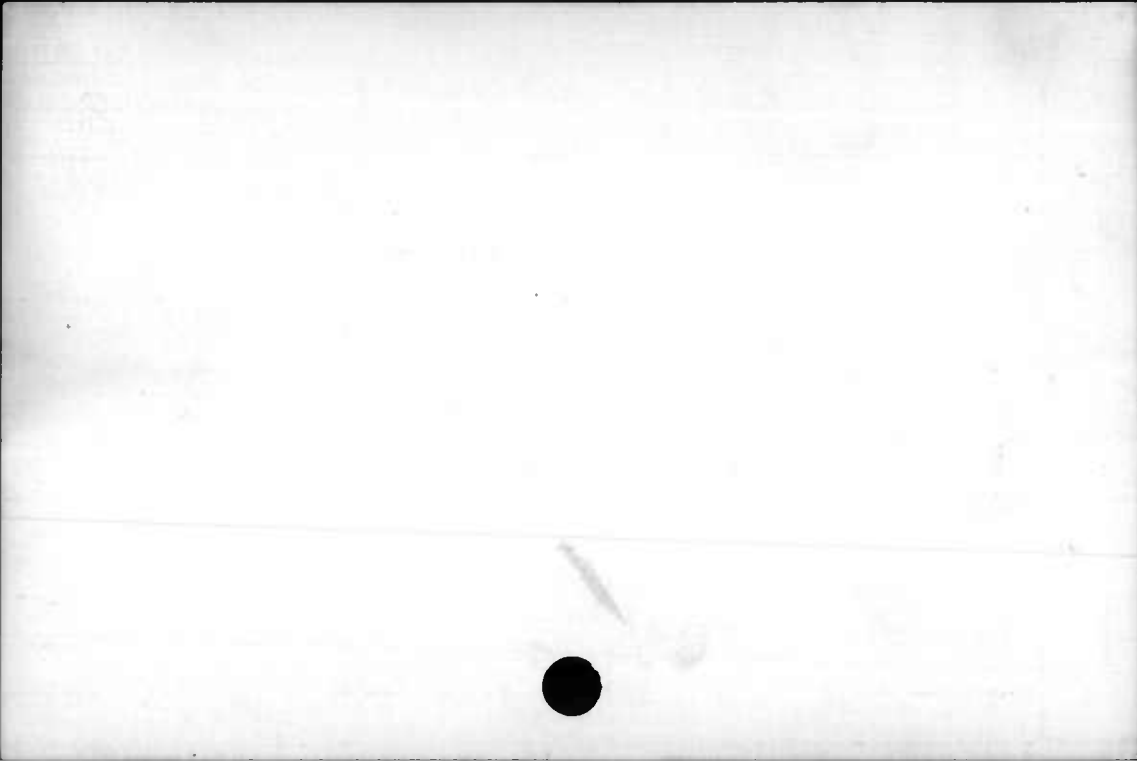
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Podleville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>17</i>	Age <i>59</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Podleville Ind.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>William W Astlin</i>			
Father's Name <i>George H Harrison</i>			Father's Birthplace <i>Washington D.C.</i>		
Mother's Maiden Name <i>Elizabeth Etcherson</i>			Mother's Birthplace <i>Washington D.C.</i>		
Name of person giving Information <i>W W Astlin Jr</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis - lungs</i>	How long <i>27 years</i>
Immediate <i>exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Richard F. Galt</i>
	Address <i>Podleville Ind.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

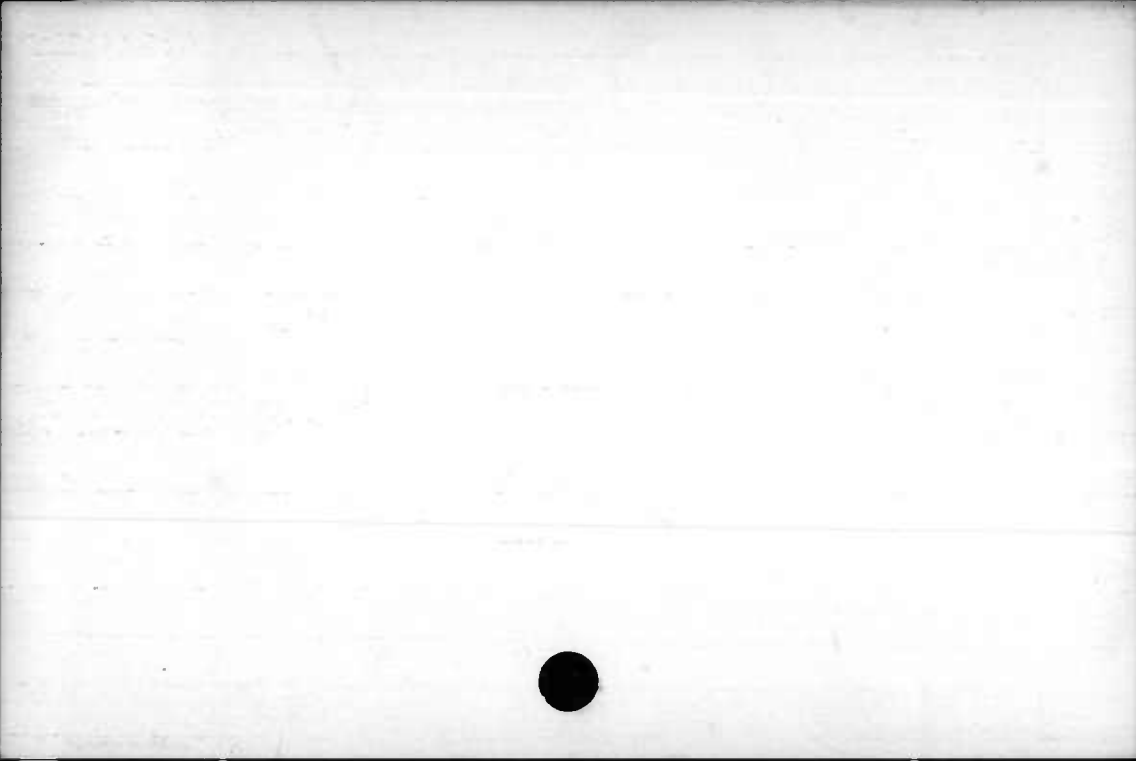
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blount</i> Town		<i>Montgomery</i> County	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>9</i>	Age <i>18</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Months <i>5</i>	Days
Birth place <i>Columbia Md</i>	Where Residing if not at place of death		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John M. Banks</i>	Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Anna Brown</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>John Banks</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>suppression</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John R. Butcher</i>
	Address <i>Spencer Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooksville</i> ^{Town}		<i>Montg.</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>May</i> ^{Month}	<i>5</i> ^{Day}	<i>5</i> ^{Years}	<i>2 or 3 hours</i> ^{Months}
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Brooksville</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Ernest Brogden</i>			Father's Birthplace <i>Montg. Co.</i>		
Mother's Maiden Name <i>Lulie Dorsey</i>			Mother's Birthplace <i>Montg. Co.</i>		
Name of person giving information <i>Ernest Brogden</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	How long
Immediate <i>Premature Birth</i>	<i>15</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>Susan Hodge</i> <i>Brooksville Ind.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

Caroline Riggs Bussard

Town

County

Died at Near Olney

Montgomery

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

May

13th

Age

23

4

20

Sex

Female

Color or
Race

White

Birth-
place

Olney

Married, Single
or Widowed

Occupation

Housewife

Name of Wife or
Husband

Gideon L. Bussard

Father's
Name

Michael J. Murphy

Father's
BirthplaceMother's
Maiden Name

Elizabeth C. Riggs

Mother's
BirthplaceName of person giving
information

Gideon L. Bussard

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Phlegmonia alba dolens

How long

(2) 2 weeks -

Immediate

Heart Clob

How long

Systemic

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. F. Green

Address

Brookville, Md.

Cause of Death?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lora - Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> Town		<i>Manassas</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>21</i>	Years <i>abt. 70</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>65</i>	How long <i>6 mos</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Litchman (M.D.)</i>	
	Address <i>Rockville</i>	
Accident or Suicide? <i>No</i>	<i>Yes</i>	

MAJOR
RANK OR

TO BE ANSWERED BY
NEAREST KIN

Accident or Suicide?

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Immediate

Primary

How long

How long

Information
Name of person giving

Maiden Name
Mother's

Father's
Name

Married
or Widowed

Husband
Name of Wife or

Occupation

Sex

Color or
Race

Birth-
place

Date
of death

Died at

Town

County

MARYLAND

Days

Months

Years

Age

Where Residing if not
at place of death

CERTIFICATE OF DEATH

Name

Ruth Edwards.

Died at ^{Town} Foundlings Hospital ^{County} Montgomery Co. MARYLAND

Date 1905 ^{Month} May ^{Day} 27 ^{Y.} Age 0 ^{M.} 2 ^{D.} 12 ^{Native of} D.C. ^{Occupation}

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name Unknown

Mother's
Maiden Name Unknown

Cause of Death { Primary Marasmus
Immediate Exhaustion

How long sick

151/2 During life.

~~Accident, Suicide, Homicide~~

Reported by J. J. M. M. D.

Address Foundlings Hos. Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dr. W. L. Lewis,
Kensington
Mont. Co. Md.

Name
in
Full

Charles Thomas Fisher

CERTIFICATE OF DEATH

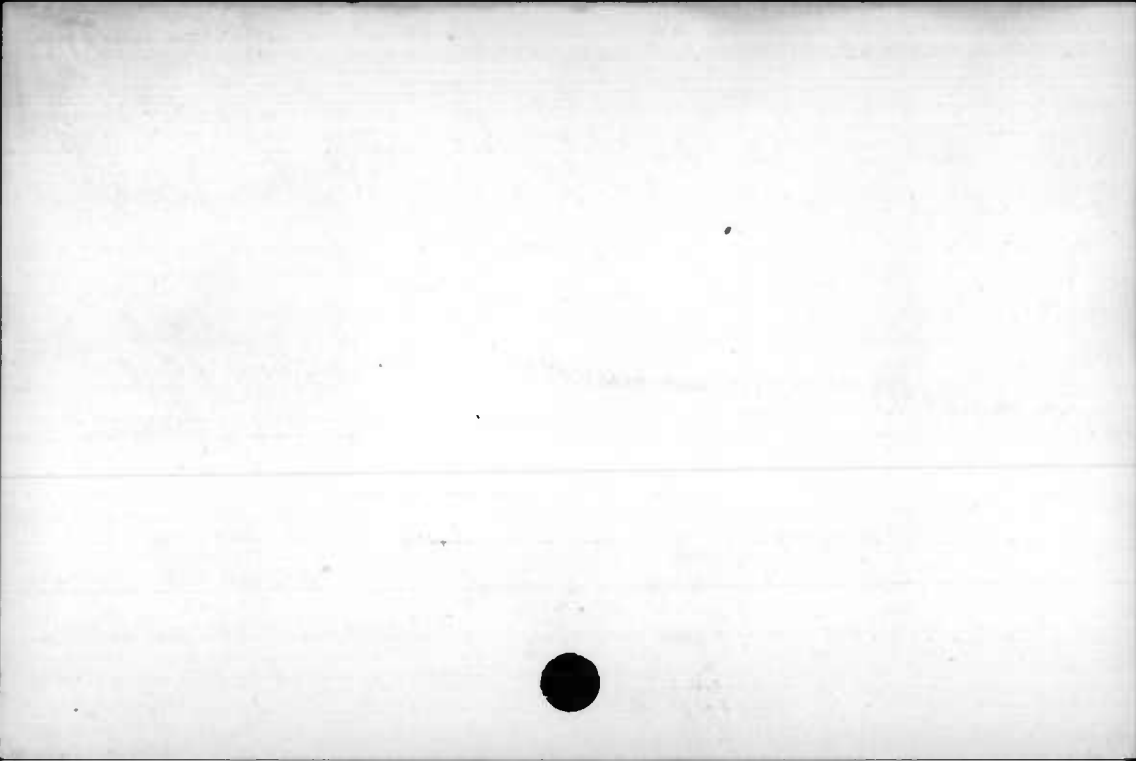
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Claysoille		County Montgomery		MARYLAND	
Date of death		Month May	Day 31	Years 67	Months		Days
Sex	Male		Color or Race	White		Birth-place	Montgomery Co
Occupation	Farmer			Where Residing if not at place of death —			
Married, Single or Widowed	Widowed		Name of Wife or Husband —				
Father's Name	Charles Fisher					Father's Birthplace	Montgomery Co
Mother's Maiden Name	Anne Dove					Mother's Birthplace	Washington D.C.
Name of person giving information	Harriet E Fisher					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Intestines (41) ✓	How long	about 2 yrs
Immediate	Intestinal Obstruction	How long	30 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J H Depon
420		Address	Laytonville Ind
Accident or Suicide?			



Name
in
Full

Emma Moyell Hawkins

CERTIFICATE OF DEATH

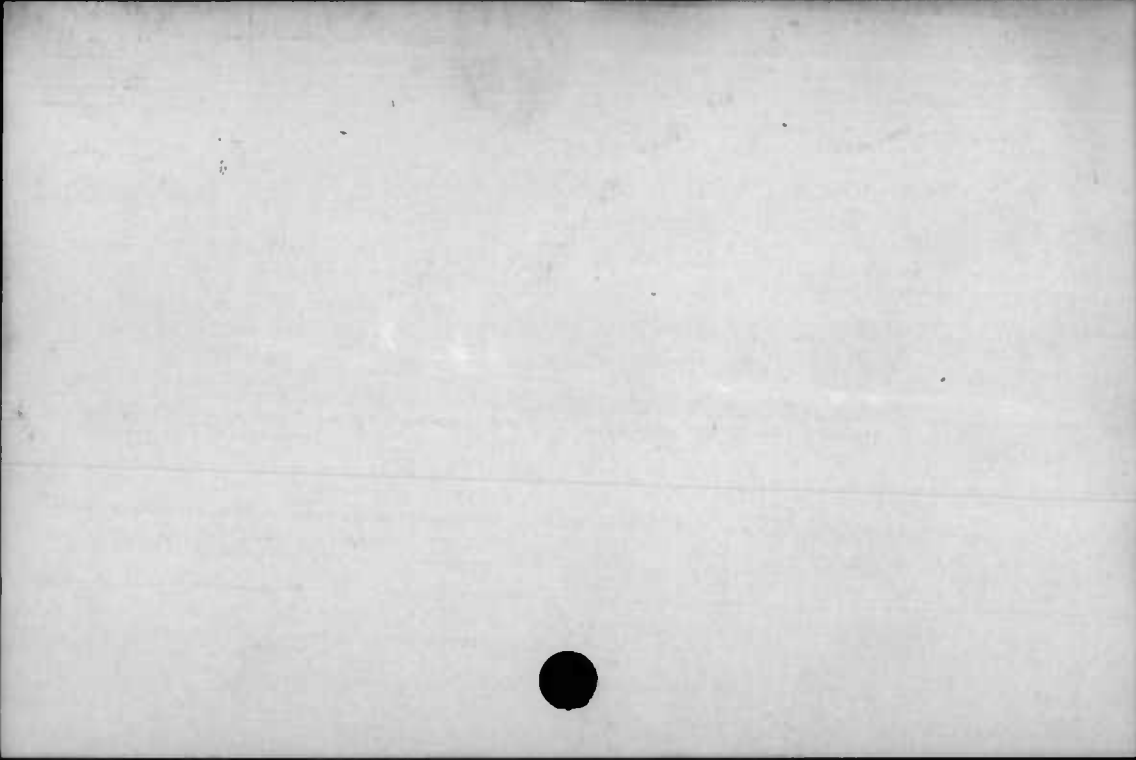
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grifton</i> <small>Town</small>		<i>Moulsonery</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>May</i> <small>Month</small>	<i>29th</i> <small>Day</small>	<i>3</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>22</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Mouty. Co. Md.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Hawkins</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Anna Warfield</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Walter Johnson</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rickets</i>	How long <i>3 years +</i>
Immediate <i>Convulsions</i>	How long <i>About 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehar.</i>
	Address <i>Olney. Md.</i>
Accident or Suicide?	



Name
in
Full

Susan Magruder

5/19/VI

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at near Rockville

Date

of death 1905

Month

5

Day

19

Years

Age

14

Months

10

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Maryland

Occupation

Book

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Garry Magruder

Father's
Birthplace

Maryland

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Maryland

Name of person giving
In formation

George Henley

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

12 years

Two years

Immediate

Edema of the lungs

How long

Ten days

Are the name, age, sex, color, date
and place correctly given above?

Yes

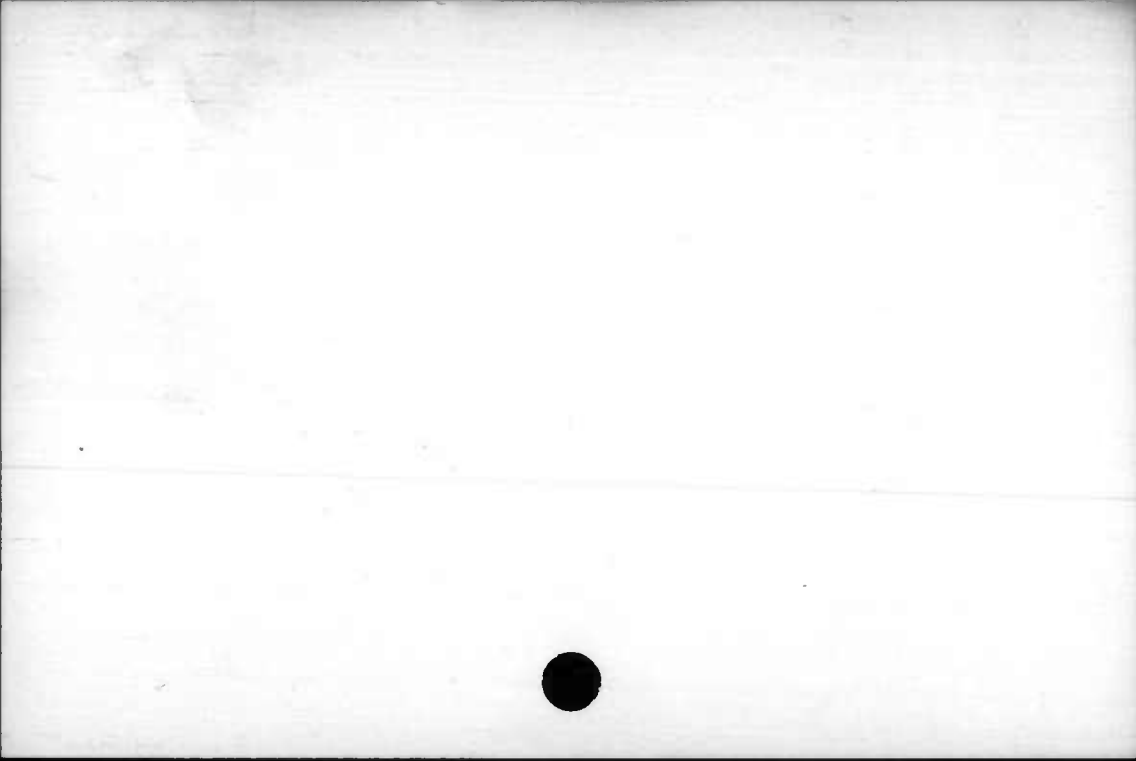
Signature of
Physician

Address

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Isaac R. Mann.

CERTIFICATE OF DEATH

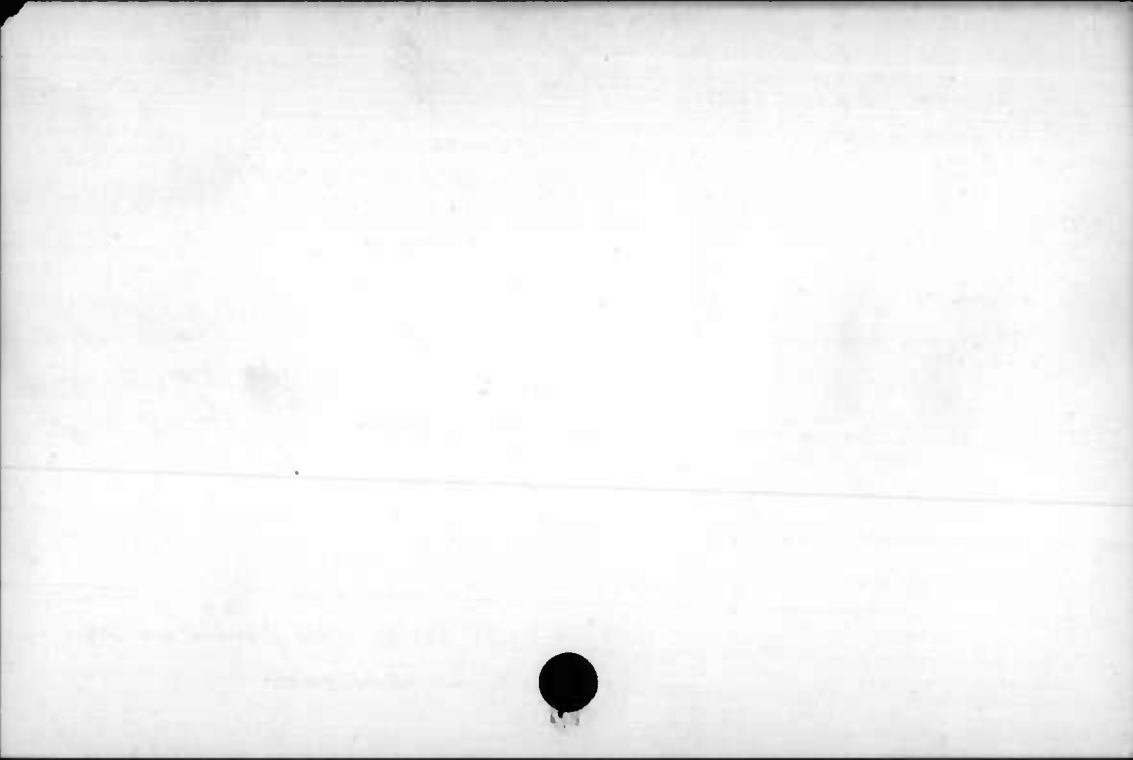
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roadville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>28</i>	Age <i>92</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>MA</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>X</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Smile Changer</i>	How long <i>154</i> ✓
Immediate <i>Ex Lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Richardson</i>
	Address <i>Roadville</i>
Accident or Suicide? <i>No</i>	<i>MA</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

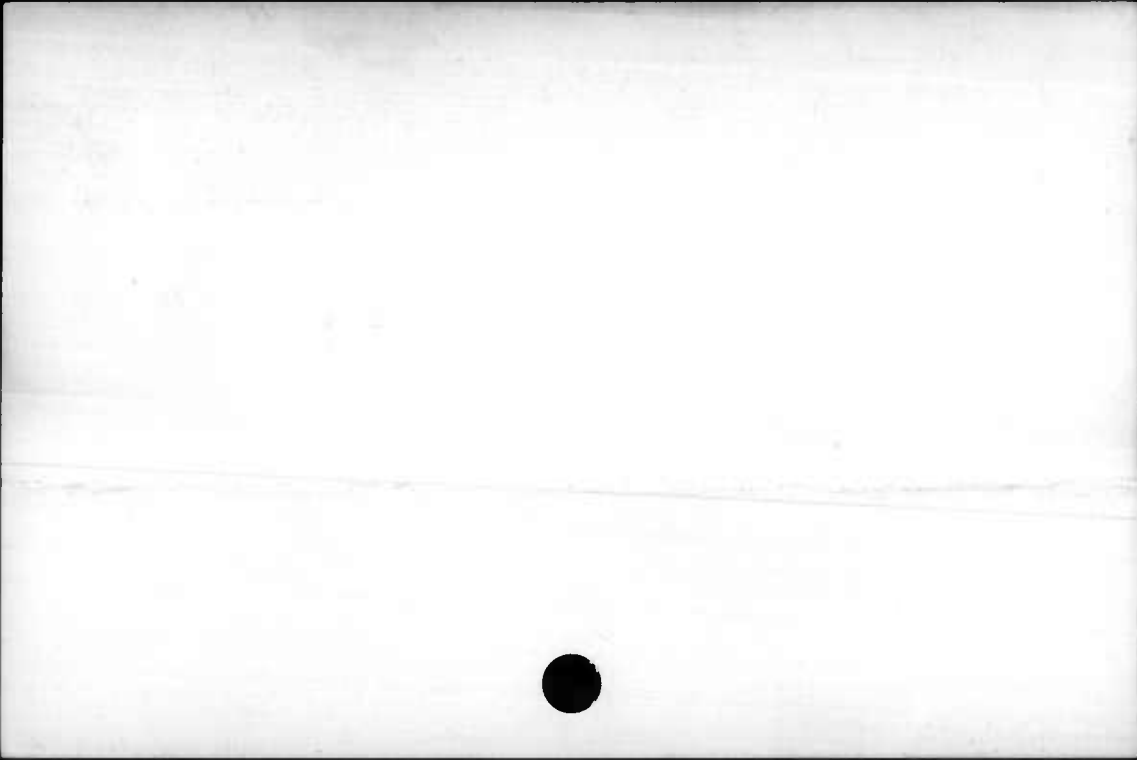
MARYLAND

Died at		Town Spencerville		County Hennepin	
Date of death		Month May	Day 9	Years 34	Months 5
Sex Female	Color or Race Black		Birthplace Spencerville		
Occupation Farm wife			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of Wife or Husband John Prigo			
Father's Name John Simms		Father's Birthplace P. H. Co Md			
Mother's Maiden Name Eric Johns		Mother's Birthplace P. H. Co Md			
Name of person giving Information John Simms		How related to deceased Father			

CAUSES OF DEATH

Primary	Tuberculosis	How long	8 or 10 months
Immediate	Suffocation	How long	5 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John A. Eaton	
		Address Spencerville	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

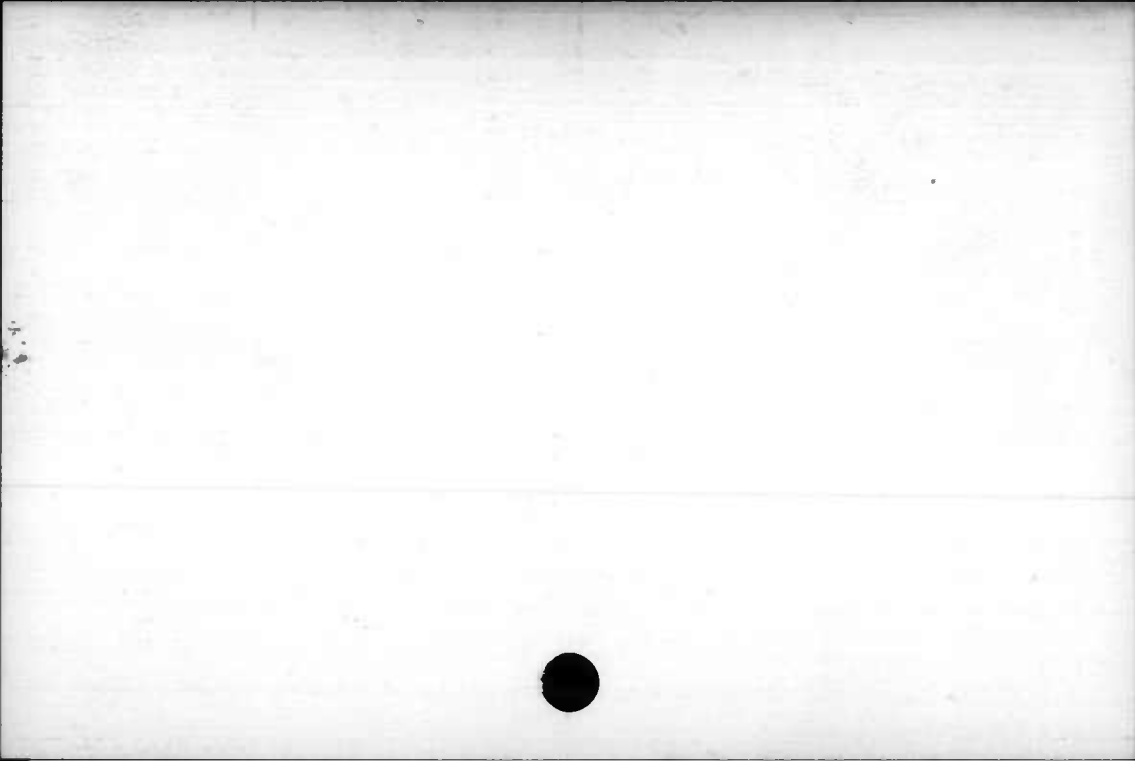
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Garrett Park		Redmond		Montgomery			
Date of death	1905	Month	May	Day	29	Age	61
Sex	Female	Color or Race	white	Birth-place	Va	Months	
Occupation	None	Where Residing if not at place of death		L			
Married, Single or Widowed		Name of Wife or Husband		Samuel Redmond			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Martin L. Redmond			How related to deceased		son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Dis of Heart	How long	2 yrs
Immediate	" " "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. L. Lewis	
		Address	
		Kinsington Md.	
Accident or Suicide?			



Name
in
Full

Grace Ann Rosen

CERTIFICATE OF DEATH

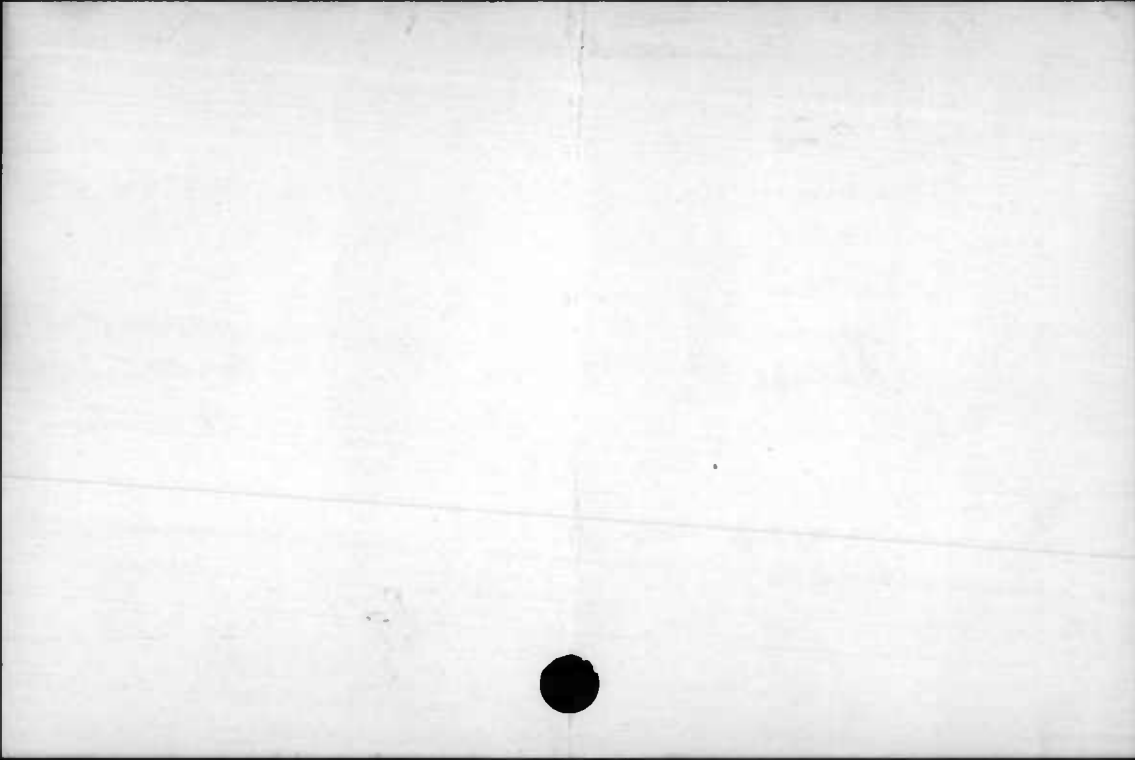
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leesville		County Montg		MARYLAND	
Date of death		1905	Month May	Day 15	Age 1	Months 3	Days 0
Sex Female		Color or Race Colored		Birth-place Md.			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name Grace McAllister				Mother's Birthplace Md.			
Name of person giving information "				"		How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 mos.
Immediate	Asphyxia	How long	27
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. J. Brown	
Yes		Address Runk Mills	
Accident or Suicide?		Md.	



Name
in
Full

Margaret Elizabeth Spriggs.

CERTIFICATE OF DEATH

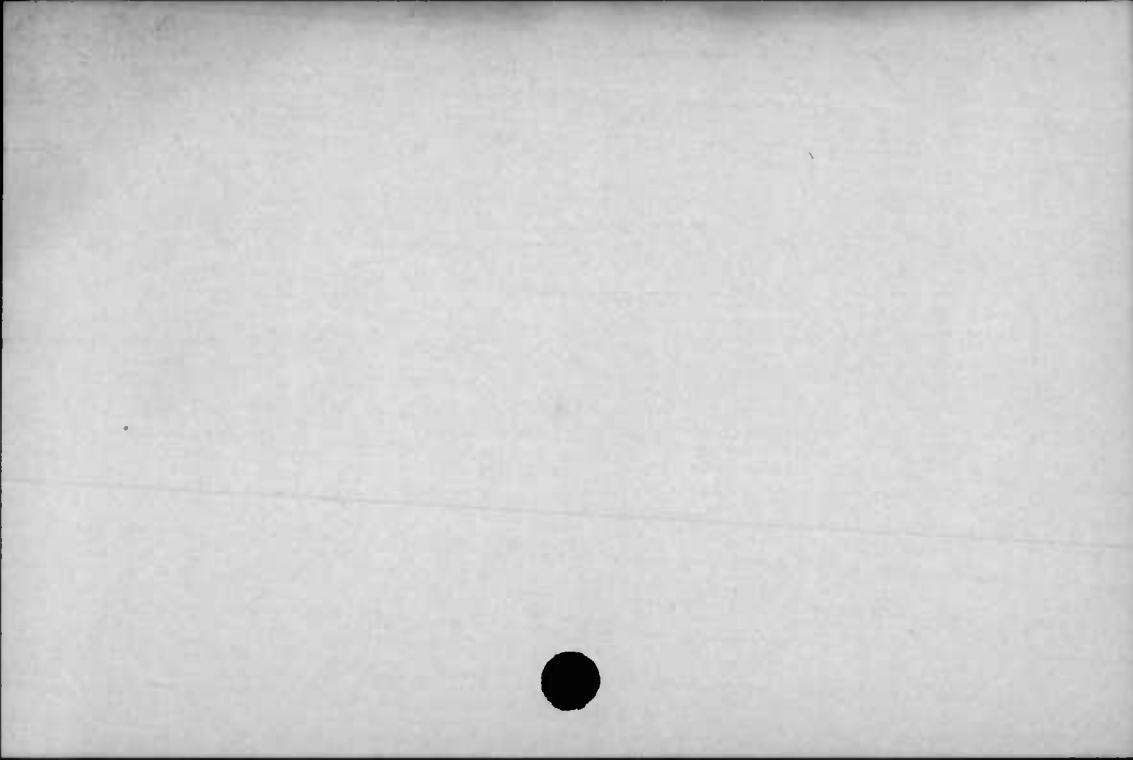
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Bedland</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1902</i>	Month <i>May</i>	Day <i>31</i>	Years <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph L. Green</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Sarah Alice Brown</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Harry Edward Spriggs</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About a year or so.</i>
Immediate <i>Asthma</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. Farguehan.</i>
	Address <i>Olney. Md.</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West-Cherry Chase</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>8</i>	Age	<i>2</i>
				Months	<i>11</i>	Days	<i>24</i>
Sex	<i>Male</i>	Color or Race	<i>Italian</i>	Birth-place	<i>Maryland</i>		
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed		Name of Wife or Husband —					
Father's Name	<i>Frank Sloty</i>				Father's Birthplace	<i>Italy</i>	
Mother's Maiden Name	<i>Rosa Bonaccorri</i>				Mother's Birthplace	<i>Italy</i>	
Name of person giving Information	<i>Rosa Sloty</i>				How related to deceased	<i>Parents</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Post-Pharyngeal abscess</i>	How long	<i>10 days</i>
Immediate	<i>Asphyxiation</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>C.S. Bradgate, M.D.</i>
		Address	<i>West-Cherry Chase</i>
Accident or Suicide?			<i>Web -</i>

Bonacorey

Name
in
Full

Emma. Thompson

CERTIFICATE OF DEATH

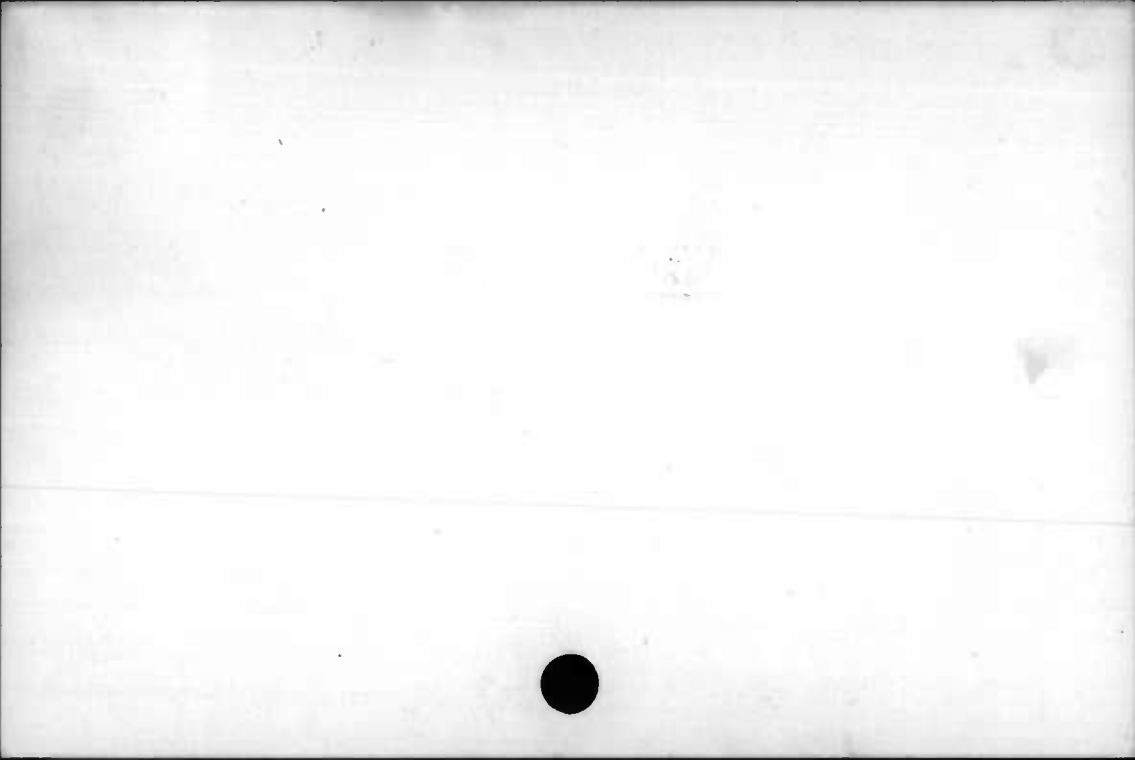
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Mon</i> <i>Rockville</i> <small>Town</small>		<i>Maryland</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>5</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>19</i> <small>Years</small>	<i>19</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>S. L. Thompson</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>27-00</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Linthicum</i>
	Address <i>Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville Md</i>		County <i>District</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>23</i>	Age <i>7</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard W. W. W.</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Ella W. W.</i>			Mother's Birthplace <i>X</i>		
Name of person giving Information <i>Dr. W. W.</i>			How related to deceased <i>27</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. W. W.</i>
	Address <i>Rockville</i>
Accident or Suicide? <i>No</i>	

MAJORITY
OF COMMISSION

TO BE ANSWERED BY
DEATH CERTIFICATE

Name

Accident or Suicide?

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
Address

Inmate's

Primary

How long
How long

Name of person giving
information

Mother's
Maiden Name

Father's
Name

Married
or Widowed

Name of Wife or
Husband

Where buried, if not
at place of death

Occupation

Sex

Color or
Race

Birth-
place

Date
of death

Town

County

MARYLAND

Month Days

CERTIFICATE OF DEATH

Name
in
Full

Bella Washington

CERTIFICATE OF DEATH

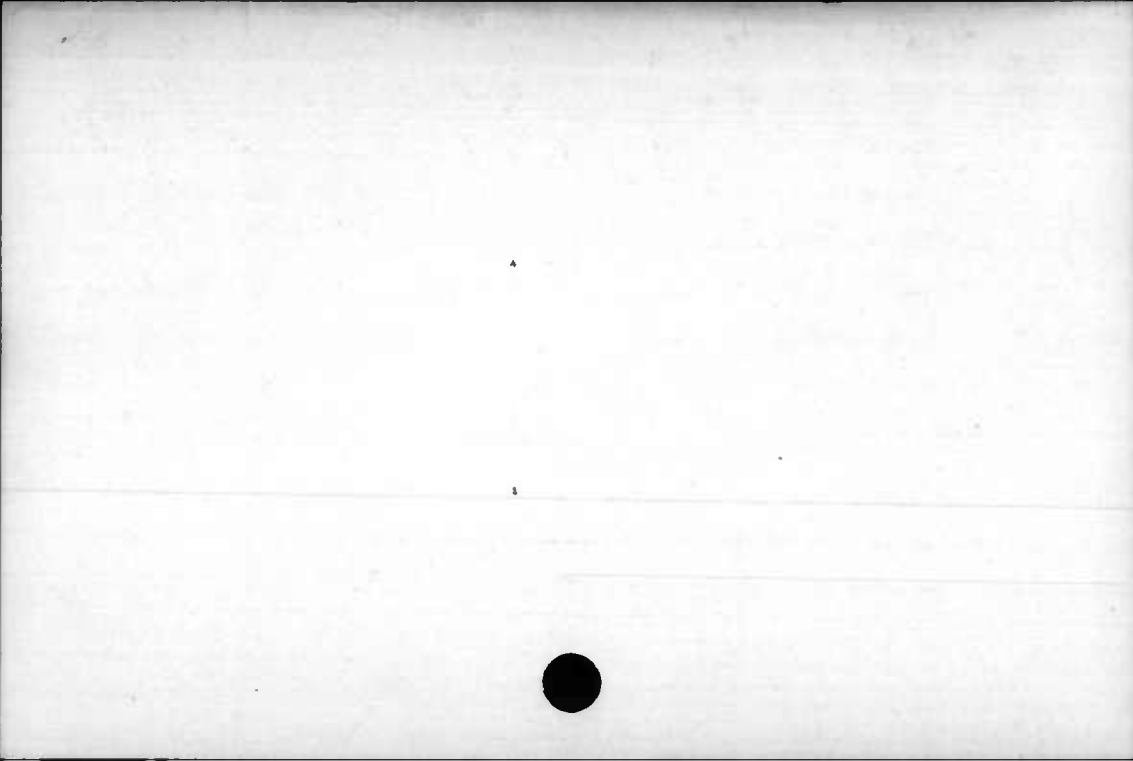
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Foshen</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>12</i>	Years <i>21</i>	Months <i>10</i>	Days <i>12</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>				
Occupation <i>Housewife</i>			Where Residing If not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herman Washington</i>						
Father's Name <i>Moses Prather</i>	Father's Birthplace <i>Montgomery Co</i>						
Mother's Maiden Name <i>Christina Lisle</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Moses Prather</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 9 mon</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Dyson</i>
	Address <i>Raytownville Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bessie Williams

Town

County

MARYLAND

Died at near Rockville

Montgomery

Date

of death 1905

Month

5

Day

1

Age

Years

22

Months

9

Days

29

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Primus Williams

Father's
Birthplace

Virginia

Mother's
Maiden Name

Louisa Jackson

Mother's
Birthplace

Virginia

Name of person giving
Information

Primus Williams

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Ten months

Immediate

Exhaustion

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

